



Montana Medicaid

CLAIM JUMPER

Volume XXI, Issue 8, August 2006

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Targeted Youth Case Management Contract Opportunity

After obtaining feedback from consumers and providers, the Children's Mental Health Bureau has expanded Targeted Youth Case Management (TYCM) to any provider who meets the qualifications defined in the State of Montana Administrative Rule 37.86.3707. To be eligible, providers must meet the following qualifications:

- Be licensed as a mental health center
- Have, as part of their licensure, an endorsement as a case manager provider
- Have entered into a contract with

the Department of Public Health and Human Services (DPHHS) to provide case management services.

CMHB continues to endorse the value of case management as a way to assist families in accessing services. Research has shown that targeted youth case management can help families navigate the mental health system and to advocate for their child. It is a service that is intended to empower families and help them gain self sufficiency in managing their youth's mental health needs. The expansion of service providers will assist consumers in finding a provider who can best meet the needs of their child and family.

For questions regarding licensure and case manager endorsement, interested parties can call the Licensure Bureau at (406) 444-2676 or visit the licensing and certification website at <http://www.dphhs.mt.gov/programsservices/healthcarefacilities.shtml>. To discuss receiving a contract to provide TYCM, contact the Children's Mental Health Bureau at (406) 444-1535 or (406) 444-5905.

Submitted by Sandra Van Campen, DPHHS

National Provider Identifier (NPI) Is Coming

All providers who are HIPAA covered and bill Medicare, Medicaid, CHIP, and/or other insurance are required to obtain an NPI number per the administrative simplification mandate of HIPAA. NPI will be effective May 23, 2007. Health care providers/suppliers are advised to obtain their NPI numbers sooner rather than later to allow time to test the NPI and provide this number to clearing-

houses, other payers, etc. NPI is a 10-digit number that will replace provider numbers currently used to bill for medical services to Medicare, Medicaid and other insurances.

You may obtain your NPI in one of three ways:

- Complete the on-line application at the NPPES web site (<https://NPPES.cms.hhs.gov/NPPES/Welcome.do>);
- Download the paper application form at www.cms.hhs.gov/NationalProvIdentStand/ and mail it to the address on the form; or
- After asking you for your permission, authorize an employer or other trusted organization to obtain an NPI for you through bulk enumeration, or Electronic File Interchange (EFI).

For more information related to NPI go to <http://www.cms.hhs.gov/NationalProvIdentStand/>.

Submitted by Michelle Gillespie, DPHHS

Claims-Based Medical History Reminder

The Montana Access to Health Web Portal provides a unique medical history functionality that assists providers in treating their Medicaid, MHSP and CHIP clients. This function provides hospitals, physicians, and mid-level practitioners access to clients' claims-based medical histories interactively. Providers can request claims-based medical history back to October 2002. A client's treatment history can provide a key to the client's current needs as well as provide a cost savings to the overall State health care programs. A link to the MATH Web Portal is available from mtmedicaid.org.

COBA Update

As of July 31, 2006, all crossover claims will be coordinated through GHI Medicare, the new Coordination of Benefits Contractor. Termination notices were sent to BlueCross/BlueShield of Montana notifying them that effective July 31, 2006, Montana Medicaid will no longer be processing Medicare crossovers through them. The new COBA program promotes greater efficiency and simplification through consolidation.

Ambulance Notification Time Limits Change

Effective July 1, 2006, Ambulance providers will have 180 days following a non-scheduled transport to notify Mountain Pacific and obtain authorization for all non-scheduled ambulance services before submitting a claim. When a client has retroactive eligibility, the provider will have 180 days from the eligibility determination date to notify the authorizing agency of the transport. This applies to transports with dates of services on or after July 1, 2006. This change replaces the previous notification limit of 60 days from transport or 90 days from eligibility determination date to notify the authorizing agency. Providers still have 12 months from the date of transport to submit a clean claim. The Department will not consider claims that have not been authorized or that are past the timely filing limits, even if another payer is involved. Watch the website for an updated version of the provider manual. Please contact the Department at 444-4189 if you have any questions.

Submitted by Sara Loewen, DPHHS

Coverage for the Medically Needy

This coverage is for clients who have an income level that is higher than Medicaid program standards. However, when a client has high medical expenses relative to income, he or she can become eligible for Medicaid by "spending down" income to specified levels on a monthly basis. When the client chooses a "spend down" option, he or she is responsible for paying for services received before eligibility begins, and Medicaid pays for remaining covered services.

Because eligibility does not cover an entire month, the client's eligibility in-

formation may show eligibility for only part of the month, or the provider may receive a *Medicaid Incurment Notice*. The incurment notice, sent by the local office of public assistance, states the date eligibility began and the portion of the bill the client must pay. If the provider has not received an incurment notice, he or she should verify eligibility for the date of service by any method described in the provider manual, on the web portal, or by contacting the client's local office of public assistance. Since this eligibility may be determined retroactively, the provider may receive the *Medicaid Incurment Notice* weeks or months after services have been provided.

The incurment amount received by the claims processing system from the eligibility broker will be automatically deducted from the provider's reimbursement amount from the claim for the date of service. Therefore, do not enter the amount reflected on the *Medicaid Incurment Notice* on the claim as a payment.

EPSDT Private Duty Nursing Providers

Effective July 1, 2006, the Department has made changes to the Administrative Rule that governs the provision of EPSDT private duty nursing services. These changes are outlined below, or you can visit the Secretary of State's website at www.sos.mt.gov/ARM/ Register for the version of the rule as it has been amended.

Private duty nursing services provided to a Medicaid client by a person legally responsible for that client must be prior authorized by the Department or its designee. Legally responsible persons include the parents (including natural, adoptive, and foster) of minor children, legally assigned caretaker relatives of minor children, and spouses. The legally responsible person must be a registered nurse or licensed practical nurse currently licensed in Montana and be employed by an agency enrolled with Montana Medicaid to provide private duty nursing services. The department will authorize up to 40 hours in a seven-day period of EPSDT private duty nursing services that can be provided by a legally responsible person. This authorization will not limit the

total amount of hours approved for skilled nursing services for a client.

Private duty nursing services are limited to skilled nursing services provided directly to a child and patient-specific training provided to a registered nurse or licensed practicing nurse. Private duty nursing services do not include travel time to and from the client's place of service, services provided to allow the client's family or caregiver to work or go to school, or services provided to allow respite for caregivers or the client's family.

Authorization for private duty nursing services provided through school districts may be authorized for the duration of the regular school year. Services provided during the summer months are additional services that require separate prior authorization.

The Department is in the process of developing a provider manual specific to private duty nursing. Watch the website for this update. New versions of the *PDN Request for Authorization* forms are available on the website at www.mtmedicaid.org.

If you have specific questions please contact Sara Loewen at 406-444-4189.

Submitted by Sara Loewen, DPHHS

RBRVS Fees Updated

Effective July 1, 2006, Montana Medicaid updated the fees for Resource Based Relative Value Scale (RBRVS) reimbursed codes and physician administered injectables. Services not affected by the RBRVS update include clinical lab services, durable medical equipment and supplies provided in the office and a few miscellaneous items such as blood products. Additionally, Medicaid's by report percent was updated effective July 1, 2006. See fee schedules on mtmedicaid.org for more detail. If you do not have web access please call Provider Relations for a free CD.

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices		
06/07/06, 06/26/06	Inpatient Hospital	Hospitals Should Submit All Medicaid Inpatient Claims to Increase Medicaid Days to Qualify for DSH Payments
06/09/06	PASSPORT	PASSPORT Required for FQHCs, RHCs and Home Health; Team Care Program Announcement; EMTALA Policy Change; PASSPORT To Health Implementation in Prairie County; PASSPORT and Emergency Services; New Services; Nutrition Services Require PASSPORT Approval; New Provider Notification Procedure and Medicaid Changes; PASSPORT Provider Approval Update; PASSPORT To Health 24-Hour Availability
06/12/06	Physician, Mid-Level Practitioner, Pharmacy	Prior Authorization for Ultram ER
06/26/06	Outpatient Hospital	Notice of Coverage for New Services
06/27/06	Speech Therapist	Elimination of CPT Codes 97530 and 97532 as Covered Services for Speech Language Pathologists
06/30/06	RHC, FQHC	Revenue Code Changes Effective July 1
Fee Schedules		
06/15/06	Outpatient Hospital	APC schedule and APC fee schedule
Other Resources		
06/05/06, 06/12/06, 06/19/06, 06/26/06	All Provider Types	What's New on the Site This Week
06/08/06	All Provider Types	Revised hearing aid prior authorization request
06/09/06, 06/12/06, 06/13/06, 06/20/06	Pharmacy	Manufacturer-submitted information for June 28 PDL review
06/12/06	Hospital Outpatient, Hospital Inpatient, Pharmacy	Updated remittance advice notice
06/20/06	All Provider Types	New text regarding Web Portal improvements added to home page
06/22/06	Hospital Outpatient, Hospital Inpatient, Freestanding Dialysis Clinic, Home Health, RHC, FQHC, Indian Health Service	Updated remittance advice notice
06/26/06	Pharmacy	Updated PDL
06/27/06	Pharmacy	Updated PDL and Quicklist
06/28/06	All Provider Types	July 2006 <i>Claim Jumper</i>
06/30/06	All Provider Types	New text regarding new PASSPORT enrollment broker on home page
06/30/06	All Provider Types	Updated PASSPORT key contacts and program policy contacts
06/30/06	All Provider Types	Updated program policy contacts on Medicaid information page

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Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

DMEPOS (406) 444-6977

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

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P.O. Box 4936
Helena, MT 59604

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P.O. Box 8000
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Third Party Liability
P.O. Box 5838
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